

(i) *Dietetic Service.* Dietetic Service facilities such as an office for the dietitian, a kitchen, a dishwashing room, adequate refrigeration, dry storage, receiving area, and garbage facilities should be provided as required. It is desirable to have eating areas on each unit that have a sink, toilet facilities, and storage, that can accommodate wheelchairs and gerichairs, while still being attractive and appealing for dining. Tables should be able to accommodate three to four wheelchairs. Buffet lines may be provided on the unit to allow some choice for patients who cannot get to the main dining room.

(1) Dining room, food preparation, and dishwashing facilities may be planned as separate facilities from Dietetic Service area, if appropriate.

(2) Space for vending machines may be provided.

(Authority: 38 U.S.C. 8134(2))

(j) *Therapy and treatment programs.* Facilities for rehabilitation medicine, physical, occupational, and recreational therapies and other programs shall be planned by the State to meet program requirements and standards of care prescribed by the Department of Veterans Affairs. In addition to the patient therapy spaces, offices may be provided. Medical support areas should be planned to meet program requirements and standards and may include areas for rehabilitation, recreation, dental care and other medical support services.

(Authority: 38 U.S.C. 8134(2))

(k) *Janitors closet.* One janitors closet should be planned for each nursing unit, in the dietetic area, and in the general administrative and clinical space with at least one on each floor. The kitchen and other areas which generate waste or require special care should have their own janitors closet. Convenient storage for floor cleaning machines may also be provided.

(Authority: 38 U.S.C. 8134(2))

(l) *Staff facilities.* Staff toilets should be provided on each floor. Each facility should have an employee locker and lounge.

(Authority: 38 U.S.C. 8134(2))

(m) *Conference room/In-service training.* A conference room which may also be used for staff training and development may be provided. Family and group counseling rooms may also be provided.

(Authority: 38 U.S.C. 8134(2))

(n) *Lounges/recreation.* Two patient lounges which will accommodate large numbers of wheelchair/gerichairs should be considered. Lounges may be separated, one for smokers and one for non-smokers. Lounges should be directly visible from the nursing station or adjacent to the nursing station. Atriums may be planned on the nursing unit, or provisions may be made for access to an outdoor sundeck or patio. An outdoor recreation/patio space should be developed adjacent to a common use area. Every effort should be made to reduce the noise levels on the nursing unit by using noise reducing materials in construction and decorating.

(Authority: 38 U.S.C. 8134(2))

(o) *Miscellaneous space.* The State home may include space for a library, barber and/or beauty shop, retail sales, canteen, mailroom, chapel, and computer communications area. Space for a child day care center may be planned if it will primarily serve the needs of persons employed by the State home. Whirlpools and wheelchair scales may be provided for each State home built to nursing home standards. Other spaces in the State home must be fully justified by the applicant and approved by the Department of Veterans Affairs before the Department of Veterans Affairs can participate in funding the cost of the area.

(Authority: 38 U.S.C. 8134(a))

[56 FR 20355, May 3, 1991. Redesignated and amended at 61 FR 21966, 21968, May 13, 1996]

§ 17.218 State home hospital program.

(a) *General.* The Department of Veterans Affairs cannot participate in the construction of new State home hospitals. However, the Department of Veterans Affairs may participate in the remodeling, alteration, or expansion of existing State home hospitals.

(Authority: 38 U.S.C. 8134(2))

Department of Veterans Affairs

§ 17.219

(b) *Hospital's nursing units.* Patient bedrooms may be grouped into distinct nursing units for general medical and surgical patients, and psychiatric patients. A 40-bed unit is most desirable; however, a range of 30–50 beds may be considered.

(Authority: 38 U.S.C. 8134(2))

(c) *Distribution of beds.* Single-bed rooms should be provided for patients who are infectious, terminal, or who for other reasons require separation.

(Authority: 38 U.S.C. 8134(2))

(d) *Construction requirements.* A State may use its own construction standards for a State hospital alteration or expansion if the plans are approved by the State's Department of Health and the State agency responsible for the State home hospital. The grantee should follow applicable National, State, and/or local codes for hospital construction, remodeling, and/or renovation.

(Authority: 38 U.S.C. 8134(2))

(Information collection requirements contained in § 17.218 were approved by the Office of Management and Budget under control number 2900–0520)

[56 FR 20356, May 3, 1991. Redesignated at 61 FR 21966, May 13, 1996]

§ 17.219 Preapplication phase.

A State shall submit to the Department of Veterans Affairs a preapplication (SF-424, 424C, and 424D) for Federal assistance for each State home project if Federal participation exceeds \$100,000. An original and two copies are required. Costs incurred for the project by the State after the date the Department of Veterans Affairs notifies the State that the project is feasible for Department of Veterans Affairs participation are allowable costs if the application is approved and the grant is awarded. These pre-award expenditures include architectural and engineering fees.

(Authority: 38 U.S.C. 8134(2))

(a) *Purpose.* A preapplication is required to determine the applicant's general eligibility, to establish communication between the Federal agency and the applicant, and to identify

those proposals which are not feasible for Department of Veterans Affairs participation before the applicant incurs significant expenditures in preparing a formal application. Filing a preapplication by April 15 of each year will give the Department sufficient time to accomplish these purposes. The State shall submit to the Department of Veterans Affairs a letter designating the State Official authorized to apply for a State home construction or acquisition grant and a point of contact for all matters relating to a State home grant. If the authorized State official is changed, notice shall be provided in writing to the Department of Veterans Affairs.

(Authority: 38 U.S.C. 8134(2))

(b) *Preapplication requirements.* The preapplication shall include schematic drawings, a space program, and a needs assessment. States applying for Federal assistance for new State home beds shall provide justification for the beds by addressing the following areas:

(1) Demographic characteristics of the veteran population of the area;

(2) Availability and suitability of alternative health care providers and facilities in the area;

(3) Waiting lists for existing State home beds;

(4) Documentation that existing State home facilities in the State meet current codes and standards;

(5) Availability of acute medical care services and qualified medical care personnel to staff the proposed facility;

(6) Other information that may be required by the Assistant Chief Medical Director for Geriatrics and Extended Care in the Department of Veterans Affairs.

(Authority: 38 U.S.C. 8134(2))

(c) *Revisions to preapplications.* Grantees shall request approval from the Department of Veterans Affairs for significant revisions after preapplications have been submitted to the Department of Veterans Affairs. If the scope changes and/or cost estimates increase by more than 10 percent, a new preapplication may be required which will be subject to the same review and approval procedure as for the original preapplication.